

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 013128	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 11/06/2014
NAME OF PROVIDER OR SUPPLIER CENTURY FIELDS RETIREMENT COMMUNITY LP		STREET ADDRESS, CITY, STATE, ZIP CODE 825 N MERIDIAN ST GREENTOWN, IN 46936		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R 000	<p>INITIAL COMMENTS</p> <p>This visit was for a State Licensure Survey.</p> <p>Survey dates: November 3 and 5, 2014</p> <p>Facility number: 013128 Provider number: 013128 AIM number: n/a</p> <p>Survey team: Rita Mullen, RN, TC Maria Pantaleo, RN Holly Duckworth, RN</p> <p>Census bed type: Other: 29 Total: 29</p> <p>Census payor type: Other: 29 Total: 29</p> <p>Sample: 7</p> <p>Century Fields Retirement Community LP was found to be in compliance with 410 IAC 16.2-5 in regard to the State Licensure Survey.</p> <p>Quality Review was completed by Tammy Alley RN on November 12, 2014.</p>	R 000		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE